



CLASS R
CITY LICENSE APPLICATION
THIS APPLICATION IS SUBJECT TO REVIEW BY THE PUBLIC
PLEASE TYPE OR PRINT IN INK

CITY OF SAINT PAUL
Office of License, Inspections
and Environmental Protection
350 St. Peter Street, Suite 300
Saint Paul, Minnesota 55102
(651) 266-9090 Fax (651) 266-9124
Web: www.ci.stpaul.mn.us/liep

LICENSES ARE NOT TRANSFERABLE
PAYMENT MUST BE RECEIVED WITH EACH APPLICATION

Type of License(s) being applied for:

_____ \$ _____
_____ \$ _____
_____ \$ _____

Projected date of opening: _____

Company Name: _____

Corporation / Partnership / Sole Proprietorship

If business is incorporated, give date of incorporation: _____

Business Name (DBA): _____ Business Phone: (____) _____

Business Address (business location): _____
Street (#, Name, Type, Direction) City State Zip+4

Between what cross streets is the business located? _____ Which side of the street? _____

Are the premises now occupied? _____ What Type of Business? _____

Mail To Address (if different than business address): _____
Street (#, Name, Type, Direction) City State Zip+4

Applicant Information:

Name and Title: _____
First Middle (Maiden) Last Title

Home Address: _____
Street (#, Name, Type, Direction) City State Zip+4

Home Phone: (____) _____

Are you going to have a manager or assistant in this business? ____ YES ____ NO If the manager is not the same as the operator, please complete the following information:

First Name Middle Initial (Maiden) Last

()
Home Address: Street (#, Name, Type, Direction) City State Zip+4 Phone Number

CERTIFICATION OF WORKERS' COMPENSATION COVERAGE PURSUANT TO MINNESOTA STATUTE 176.182

I hereby certify that I, or my company, am in compliance with the workers' compensation insurance coverage requirements of Minnesota Statute 176.182, subdivision 2. I also understand that provision of false information in this certification constitutes sufficient grounds for adverse action against all licenses held, including revocation and suspension of said licenses.

Name of Insurance Company: _____

Policy Number: _____ Coverage from _____ to _____

I have no employees covered under workers' compensation insurance _____ (INITIALS)

MINNESOTA TAX IDENTIFICATION NUMBER - Pursuant to the Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance; Issuance of Licenses), licensing authorities are required to provide to the State of Minnesota Commissioner of Revenue, the Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of the Minnesota Tax Identification Number:

- This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
- Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.

Minnesota Tax Identification Numbers (Sales & Use Tax Number) may be obtained from the State of Minnesota, Business Records Department, 600 Robert Street North, Saint Paul, MN (651-296-6181).

Minnesota Tax Identification Number: _____

9 If a Minnesota Tax Identification Number is not required for the business being operated, indicate so by placing an "X" in the box.

**ANY FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED
WILL RESULT IN DENIAL OF THIS APPLICATION**

I hereby state that I have answered all of the preceding questions, and that the information contained herein is true and correct to the best of my knowledge and belief. I hereby state further that I have received no money or other consideration, by way of loan, gift, contribution, or otherwise, other than already disclosed in the application which I herewith submitted. I also understand this premise may be inspected by police, fire, health and other city officials at any and all times when the business is in operation.

Signature (REQUIRED for all applications)

Date

Preferred methods of communication from this office (please rank in order of preference - "1" is most preferred):

____ Phone Number with area code: (_____) _____ Extension _____
(Circle the type of phone number you have listed above: Business Home Cell Fax Pager)

____ Phone Number with area code: (_____) _____ Extension _____
(Circle the type of phone number you have listed above: Business Home Cell Fax Pager)

____ Mail: _____
Street (#, Name, Type, Direction) City State Zip+4

____ Internet: _____
E-Mail Address

We will accept payment by cash, check (made payable to City of Saint Paul) or credit card (MasterCard or Visa).

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION:

9 MasterCard **9** Visa

EXPIRATION DATE:

ACCOUNT NUMBER:

99/99 9999 9999 9999 9999

Name of Cardholder (please print)

Signature of Card Holder(required for all charges)

Date

****Note:** If this application is Food related, please contact City of Saint Paul Health Inspector, Steve Olson (651-266-9139), to review operations.

If any substantial changes to structure are anticipated, please contact a City of Saint Paul Plan Examiner at (651-266-9007) to apply for building permits.

If there are any changes to the parking lot, floor space, or for new operations, please contact a City of Saint Paul Zoning Inspector at (651-266-9008).

Specific license application requirements. If applying for -

Amusement rides, please attach insurance certificate showing coverage of \$1,500,000 public liability for injuries or damages to persons or property. And, copy of electrical permit.

Broadcasting vehicle, please attach insurance certificate showing coverage of \$100,000 for liability of bodily injuries to or death of any persons, and \$20,000 against liability of damage to or destruction of property; proof of nonprofit status; and information of type and kind of sound making or broadcasting device.

Christmas trees, application must be filed prior to November 1. (NOTE: The trees must be taken down on or before January 9)

Cigarette, please provide information of type of sale: by machines (number of machines) or counter sales.

Food vending machine, please provide the following information: Business name and address of machine location, type of machine, and number of machines at each location.

Lawn fertilizer/pesticide, please provide the name and State of Minnesota License Number of employees applying pesticides to lawns.

Mechanical amusement device and/or Music Machine, please provide the following information: name of machine, list price, machine location (business name & address).

Peddler, please provide information of goods to be sold.

Pest control, please attach insurance certificate showing coverage for \$100,000/\$200,000 personal injury or accidental death, and \$10,000 property damage.

Restaurant, please see attached "Restaurant Classification" application.

Rooming and/or boarding house-supervised, please attach insurance certificate showing coverage for \$300,000 general liability single limit coverage, per occurrence, for injuries or damages to persons or property.

Second hand dealer-exhibition, please attach \$5,000 bond, and list of locations of estate sales.

Sidewalk cafe, please attach insurance certificate showing coverage for \$500,000 general liability per occurrence with the City of Saint Paul named as an additional insured and must show that the coverage extends to the area used for the sidewalk cafe.

Solicitor, please attach \$1,000 Surety bond.

Solid fuel dealer, please attach insurance certificate showing coverage per vehicle of \$5,000 property damage or a surety bond in the amount of \$5,000 conditioned that the licensee shall pay any and all final judgements for damage to property, public or private.

Solid waste transfer station, please attach insurance certificate showing coverage of \$100,000/\$200,000 personal injury or accidental death, and \$50,000 property damage.

Tanning facility, please provide the following information: portion of the building to be used as a tanning facility, type of business tanning facility is operating in conjunction with (if applicable), list of tanning equipment (manufacturer's name, model number, type: booth, bed, canopy, etc., year manufactured, number in establishment).

Tree trimmer, please attach insurance certificate showing coverage of \$10,000 bodily injury, and \$5,000 property damage.

Vehicle, please provide the following information: Type of merchandise delivered; estimated number of loop deliveries daily; vehicle make, model, year, and license plate number.

Window cleaning, please attach insurance certificate showing coverage of \$25,000/\$100,000 personal injury or accidental death.